

Kimbrough Amb. Care Center
Kirk US Army Hlth. Clinic
Barquist US Army Hlth. Clinic

Dunham US Army Hlth. Clinic
Letterkenny Occupational Hlth. Clin.
DDC US Army Hlth. Clinic

FIG Troop Medical Clinic

Inside This Issue:

Sinus Pain Awareness

**KACC Adverse
Weather Policy**

2

**February is
Heart Health
Month**

3

**Stroke Therapy
Overview**

4

***The Army Biosurety
Program***

5

**ENT Awareness:
Preventing
Ear Infections**

6

***"Stomach Flu"*

Don't Get S.A.D.**

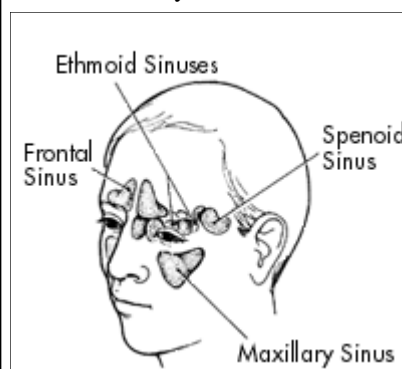
7

**KACC
February & March
Health Promotion
Classes**

8

Sinus infections affect more than 37 million Americans each year. Often people confuse painful sinusitis symptoms with recurrent colds or allergies. Sinusitis is defined as a sensation of fullness, pressure or pain on the face overlying a sinus cavity (above the eyebrow, behind and around the eye, or over the cheekbone). The pain or pressure is on one side of the face and the puffiness or swelling is around one eye. Associated symptoms include a blocked nose, nasal discharge, and/or postnasal drip. Acute sinusitis is caused by a bacterial infection and is most often treated with antibiotics. Chronic sinusitis is also a bacterial infection but is associated with an inflammatory disorder similar to asthma. This is treated with a wide range of medications that

has to be continued for at least 3 months, nasal sprays and/or surgery.



Factors that can lead to acute sinusitis include colds, allergies and smoking. Factors for chronic sinusitis include fungal infections, nasal polyps, insufficient opening between the sinuses and the nose and deviated septum.

Forehead pain indicates involvement of the frontal sinuses. Infection of maxillary sinuses causes aches in the upper jaw, teeth and cheeks become tender to the touch. Ethmoid sinuses are near the tear ducts; inflammation of these cavities often causes swelling of the eyelids, tissues around the eyes and pain between the eyes. They also cause tenderness when the sides of the nose are touched, a loss of smell, and a stuffy nose. Sphenoid sinuses are less frequently affected; infection in this area can cause earaches, neck pain, and deep aching at the top of the head.

Some of the home remedies include warm water wash or saline nose drops. Decongestant nose drops or sprays should not be used more than 5 days to avoid rebound congestion. If the air in your home is dry, run a humidifier. Acetaminophen or ibuprofen can be used for pain. Sinus congestion usually resolves in 5 to 7 days. The main complication occurs if bacteria multiply within the blocked sinus. Call your doctor if :

- ◆ Sinus pain persists for more than 1 day after starting treatment.
- ◆ Sinus congestion and fullness persist for more than 1 week.
- ◆ Fever or yellow/green nasal discharge lasts for more than 3 days.

Kimbrough Ambulatory Care Center Adverse Weather Policy

Billie J. Mielcarek, Ph.D., P.T., Colonel, SP, Commander USAMEDDAC

Whenever Fort Meade implements reduced operations because of adverse weather, Kimbrough Ambulatory Care Center will reduce its operations accordingly. All medical services, to include services provided by the pharmacy, will be suspended until normal operations are resumed.

During inclement weather, employees/contractors will coordinate early release with supervisors. Non-personnel services contractors without on-site supervisors are expected to contact the inclement weather line directly to determine the weather plan.



The Fort Meade Adverse Weather line is available at 301-677-MEAD (6323). By 0415 hours, this line has the most up-to-date official information in regards to inclement weather plans. Again, only the 301-677-MEAD (6323) line will provide official guidance. If one has trouble contacting this line, then contact your immediate supervisor for information in regards to the weather plan. Supervisors will have the phone numbers of all their employees, so proper notification can occur, in the event of changes. In addition, supervisors of clinical areas will ensure that patients are informed of the respective status of their surgeries/patient appointments according to the below operational guidance.

Delayed Arrival: Intent is to allow ample time for safe travel to work. Employees are required to arrive at work as close as safely possible to their normal scheduled start time. A slight delay in arrival is acceptable, since adverse weather conditions may delay the employees' safe arrival. Patient care areas must be prepared to care for patients who arrive in time for their normally scheduled appointments.

Delayed Opening: Intent is to restrict arrival of personnel until a specified time to allow for the clearing of roadways and parking lots. Health Care delivery will promptly begin at the hour specified on the message. The start time of the duty day is shifted to the time designated as the new start time. Be prepared to begin OR and patient care delivery at the start time. Prior to the delayed opening time, staff and patient access will be allowed only through the two doors near the AOD desk. Other doors will be locked for security reasons.

Reduced/Curtailed Operations: Intent is to restrict travel to, from, and, on Fort Meade due to severe weather. KACC's operations are closed. Patient care areas are required to notify scheduled appointments and visiting providers/surgeons.



Early Release: The MEDDAC Commander will determine early release after the installation has announced it. The intent is to complete the patient care mission and notify patients of cancelled appointments and release via immediate supervisor personnel as the mission allows. Employees with children in the CDC must turn-in their mission essential paperwork to the CDC for the purpose of mission close-out. Active duty personnel released from sections will report to the Emergency Operations Center located in the Command Conference Room to provide a manpower pool needed to expedite the close-out of the patient care mission or assist patients who require additional help due to weather conditions. Active duty personnel will be released from the EOC as the mission allows.

Patients with appointments or scheduled surgeries on days when there is adverse weather should check to see if the installation is at reduced operations before coming to Kimbrough. To do this, listen to or watch for announcements specifically addressed to "Fort Meade personnel" on participating Baltimore and Washington radio and television channels (as listed in the installation's companion notice on this page), or call the Fort Meade 24-hour Adverse Weather Line (301-677-6323). If you miss a scheduled outpatient appointment, Pre-admissions appointment for surgery, or surgery, you should do the following to reschedule your appointment or surgery:

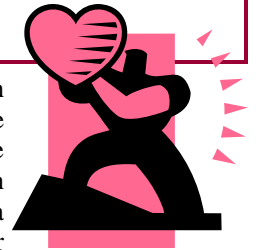
- To reschedule an outpatient appointment, call 301-677-8606.
- To reschedule a Pre-admissions appointment for a surgery, call 301-677-8020.
- To reschedule a surgery, you should call your surgeon's office.

The commander of Kimbrough Ambulatory Care Center has implemented this policy for the safety and well-being of Kimbrough's patients and staff.

Should you require acute or emergent medical care on any day that Kimbrough is closed, you should go to the Emergency Room at Walter Reed, the National Naval Medical Center (AKA, Bethesda Naval Hospital), or Malcolm Grow Medical Center at Andrews AFB; or to a local civilian emergency room.

February is Heart Health Month

Dorothy Lopez, RN, KACC, Health Promotion



If an apple a day keeps the doctor away, what would it take to avoid heart surgery? New research shows that, contrary to popular beliefs, more than 95 percent of those who die from heart disease have at least one of its risk factors. Coronary heart disease is a disease of the blood vessels of the heart. Fortunately in the last two decades, heart disease has declined largely due to new medical tests, new treatments and education on lifestyle modification. Coronary heart disease is America's number one killer. Stroke is number three and a leading cause of serious disability. That is why it's important to identify and reduce your risk factors. Better education tends to help clients enjoy better quality of life.

What are the major risk factors that cannot be changed?

- * **Increasing age**—84 percent of people who die of coronary heart disease are 65 or older. At older ages, women who have heart attacks are more likely than men are to die from them within a few weeks.
- * **Male sex** (gender)—Men have a greater risk of heart attacks than women do, and they have attacks earlier in life. Even after menopause, when women's death rate from heart disease increases, it's not as great as men.
- * **Heredity** (including race)—Children of parents with heart disease are more likely to develop it themselves. African Americans have more severe high blood pressure than Caucasians and a higher risk of heart disease. Heart disease risk is also higher among Mexican Americans, American Indians, native Hawaiians and some Asian Americans.

What is major risk factor that you can modify or control by changing your lifestyle?

- * **Tobacco smoke**—A smoker's risk of developing coronary heart disease is 2-4 times that of nonsmokers. Cigarette smoking is the biggest risk factor for sudden cardiac death. People who smoke cigars or pipes seem to have a higher risk of death from coronary heart disease and possible stroke.
- * **High blood cholesterol**—As blood cholesterol rises, so does the risk of coronary heart disease. When other risk factors (such as high blood pressure and tobacco smoke) are present, this risk increases even more.
- * **High blood pressure**—High blood pressure increases the heart's workload, causing the heart to thicken and become stiffer, causing damage to blood vessels in the heart, kidneys and other organs.
- * **Obesity and overweight**—People who have excess body fat, especially if a lot of it is at the waist are more likely to develop heart disease and stroke even if they have no other risk factors. Excess weight increases the heart's work. It also raises blood pressure and blood cholesterol and triglyceride levels.
- * **Physical inactivity**—An inactive lifestyle is a risk factor for coronary heart disease. Regular, moderate to vigorous physical activity helps prevent heart and blood vessel disease.
- * **Stress**—How an individual responds has been shown as a contributing factor between coronary heart disease and stress in a person's life. For example, people under stress may overeat, drink large amounts of alcohol or start to smoke.

What are risk factors you can't control?

- * **Increasing age**—you can't turn back the clock. The older you are, the more likely you are to develop heart disease or a stroke.
- * **Sex**—is a matter of gender, women account for more than half of all strokes deaths. Women who take birth control pills, smoke, have high blood pressure are high risk factors.
- * **Heredity**—and the family tree, if your brother, father, or grandfather had a heart attack before age 55, or if your sister, mother or grandmother had one before age 65, you may be at risk, too.

Coronary heart disease and stroke remain the leading cause of death of women in America and most developed countries. The only way we can fight heart disease in the United States is by taking the risk factors seriously. All that is often needed is a change in lifestyle habits; often this just means a healthy eating plan, regular physical activity, healthy weight, and not smoking.

An Overview of Stroke and Therapy for Treatment

Thomas P. Toher, KACC Pharm.D Intern, Albany College of Pharmacy (reprinted from Volume 4, Issue 2)

Epidemiology:

The term stroke is given to the complications that manifest from cerebrovascular diseases; which refers to any type of pathophysiologic vascular disease of the brain. This disorder can include abnormalities of the vessel, blood flow, or quality of the blood. The changes in the brain that these abnormalities can produce include a decrease in blood flow (ischemia) or bleeding (hemorrhage). The most common type of stroke representing almost 65% of reported cases in the U.S. population is caused by arterothrombotic infarction. This is basically a building up of plaque within the arteries and vessels of the brain over a person's lifetime. Cerebral embolism is a clot that may rupture from elsewhere in the body and then travel to the brain causing complications. This makes up about 20% of all known strokes in the U.S. Lastly, hemorrhage into the brain tissue (cerebral or intraparenchymal hemorrhage) and subarachnoid hemorrhage can account for 15% of all strokes. These last two types involve bleeding due to the rupture of vessels, which can profuse to larger areas of the brain causing significant or permanent damage. The American Heart Association (AHA) estimates that more than 159,000 people die from strokes each year. Stroke remains the third leading cause of deaths in the United States with which 600,000 people per year develop new or recurrent strokes.

There are many risk factors that influence the prevalence of stroke, these include: Age (>55), Men>Women, African Americans have a higher risk than Asians, Hispanics and Whites, Diabetes, Hypertension, and Atrial Fibrillation can increase risks for stroke. Out of all of these factors, hypertension has the largest influence and is strongly related to arterothrombotic infarction as well as cerebral hemorrhage. The importance of controlling hypertension along with dyslipidemia (high cholesterol) cannot be stressed enough in decreasing the overall incidences of coronary artery disease and in turn, stroke risk.

Diagnosis and Treatment:

Diagnosis consists of the initial clinical presentation along with laboratory findings. Tests such as CT scan, MRI, radioactive brain scan study, ECG, and EEG may provide needed data about the severity of the stroke and how much damage has occurred.

The major goals of treatment for patients with acute ischemic stroke are (1) to remove or limit the obstruction to flow in the vessel and (2) to protect the brain cells distal to the obstruction or blockage from suffering hypoxic (low oxygen) changes. Treatment consists of Antiplatelet therapy such as Aspirin, Clopidogrel, Dipyridamole w/aspirin, and Ticlopidine. Antiplatelet medications affect blood platelet aggregation in which eases the flow of blood through the vessels of the brain. Anticoagulation therapy such as warfarin sodium (Coumadin), which slows down blood clotting times, should only be used when failed attempts with antiplatelet therapy have occurred. Thrombolytic therapy such as tissue plasminogen activator (t-PA), and anisoylated plasminogen streptokinase activator should be used in caution, especially in in-patient with suspected hemorrhagic stroke.

Accurate review of clinical presentation, diagnosis, and treatment can increase the chances of a patient for a good recovery. Also the development of practice guidelines, stroke teams, and stroke care units in hospitals can greatly improve the awareness and care of patients the develop strokes.

LOVE YOUR HEART
KIMBROUGH AMBULATORY
CARE CENTER
HEALTH PROMOTIONS



The Army Biosurety Program

George R. Gebus, MD, MPH, Barquist Army Health Clinic

After 9/11, many became very concerned that weapons of mass destruction could also be used to attack the United States. After the anthrax-tainted letters were sent in late 2001, many were further concerned that in the wrong hands, biological agents, like anthrax, could pose a grave threat to America. As a result, it was recognized that biological threats were real and controls were needed to increase our safety. We had long ago recognized that sources of radiation and chemical agents posed a great potential for harm and took steps to insure that our workers in these fields were not only fit-for-duty, but also trustworthy, and reliable. The programs were called personal reliability, or human reliability programs, whose aim was to incorporate a combination of reliability, safety, and security controls to protect these particular assets. These concepts will now extend to our biological assets, bringing increased scrutiny of the use of select biological agents in registered research laboratories.

Biosurety builds upon the concept of worker fitness-for-duty and is defined as the combination of security, biosafety, agent accountability, and personnel reliability needed to prevent unauthorized access to select agents of bioterrorism. The proposed biosurety regulation prescribes policies, procedures, and responsibilities for the Army's Biological Surety Program in accordance with the Department of Defense's regulation on Safeguarding Biological Select Agents and Toxins. It also implements DOD physical security requirements pertaining to surety matters for biological select agents and toxins (BSAT), and establishes Department of Army policies, assigns responsibilities, and prescribes procedures for the Army Biological Surety Program. The purpose of the Army Biological Surety Program is to ensure that operations with biological select agents and toxins (BSAT) are conducted in a safe, secure, and reliable manner.

The Surety program concept:

The biological surety program concept includes a host of activities ranging from compliance with mandated and approved safety, operational, and technical procedures, to emergency response and assessment of organizations and activities with BSAT custody, handling, transport, or management missions. The program also includes physical security measures to preclude unauthorized access or use of biological select agents and toxins (BSAT), procedures to assess the reliability of personnel designated for or assigned to BPRP duty positions, their training and/or experience applicable to the position assigned and verification that each individual is proficient in the duties to be performed. Finally, the program includes the safe and secure acquisition, storage, handling, transportation, inventory management, and disposal of biological select agents and toxins (BSAT).

The Biosurety Personnel Reliability Program also identifies positions with duties that afford access to biological select agents and toxins. Certifying officials are designated, and usually this is someone in the chain of command, such as a supervisor or team leader. The certifying official's job is to determine reliability and suitability and ensure that individuals are qualified, trained, and proficient before being assigned to BPRP duties. This process of certifying will include the initial interview, a personnel security investigation (PSI), a personnel records review, a medical evaluation, and urine drug testing.

At Fort Detrick, MD, we have one of largest facilities in the world devoted to the study of infectious disease - the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID). It employs some 500 individuals who would participate in the Biosurety Program. In anticipation of the order becoming effective, the Barquist Army Occupational Health Clinic has worked in partnership with its USAMRIID colleagues to insure for the smooth implementation of this order, which is expected momentarily.

Summary:

This overview hopefully provides a sense of the comprehensiveness of the Biosurety Program. Its activities range from protection of biological assets, assuring personnel reliability, emergency response, and finally quality control and assurance measures. Safety and security control of such agents, despite their natural ubiquitous presence in nature, are required to allay concerns about inadvertent diversion of these agents from federal, public, and private research laboratories. This initiative represents a harmonized approach across all laboratories to implement and enforce security standards would ensure that agents are safeguarded without compromising the laboratories' ability to conduct valuable research.

¹From, Implementation of biosurety systems in a Department of Defense medical research laboratory.

Carr K, Henchal EA, Wilhelmsen C, Carr B., U S Army Medical Research Institute of Infectious Diseases, Fort Detrick, Maryland 21702, USA. Kathleen.carr@us.army.mil

²Ibid

³Ibid

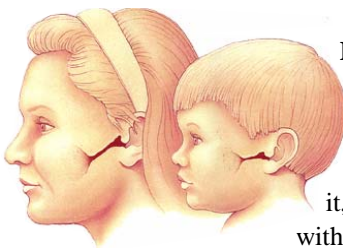
ENT Awareness: Preventing Ear Infections

Teri O'Neil, FNP, Pediatric clinic (reprinted from Volume 4, Issue 2)

There are so many reasons for ear infections and not all of them are caused by bacteria behind the eardrum. Sometimes fluid builds up in the ear tube (Eustachian tube) causing pressure in the ear. This can be very uncomfortable for your child. You may find your child waking up more at night, pulling on the ear, having a decreased interest in eating or drinking because the swallowing may aggravate the ear pressure.

Where does the fluid come from?

Sometimes when infants and young children have colds or allergies or even teething, they produce more mucous in the sinus area and this may easily back up into the ear tube.



How come when I get a cold or my allergies are acting up I don't get ear infections?

As you grow, your Eustachian tubes also start growing at an angle. This is one reason the sinus congestion may not back up into the ear tube. Also, how often have you seen a 9 year old or adult drinking out of a spill proof cup, sucking their thumb or drinking out of a bottle? If you think about it, older children and adults don't drink out of hard to suck cups/bottles and we usually don't fall asleep with milk or juice in the back of our throat. We also swallow a lot more than an infant (that's why we aren't always drooling).

What does the bottle, pacifier, thumb sucking or spill proof cups have to do with ear infections? My child will only drink milk if I put it in the bottle so I haven't discontinued this and it helps him fall asleep at night. The pacifier helps keep him quiet. I usually stick it in his mouth when he is frustrated or upset.

If you feel the roof of your mouth where the skin is soft, that is called the soft palate. If a baby or infant is sucking out of hard to suck cups, bottles, pacifiers, thumbs or even breast-feeding... the soft palate pulls on the sinus bed and then pulls the thick mucous in the sinuses back toward the ear tubes. Fluid can then fill the middle ear and surround all the little bones in the ear. If this fluid cannot drain it can cause an increase of pressure and your child can feel pain. If the fluid stays long enough or if there is always milk or juice near the fluid in the back of the throat this can also aggravate bacterial or viral growth in the ear, thus an ear infection.

But how come the antibiotics don't make this go away or at least not for long and then the infection comes back?

Antibiotics can kill bacteria, but they don't move the fluid, they don't kill viruses and they don't stop swelling in the sinus tissues that may stay aggravated from allergies or exposure to smoke. Sometimes the bacteria can be gone but the fluid will still be there if the child is still exposed to aggravating factors. These factors can be smoke exposure as an irritant, pacifiers, bottles and also just having frequent colds. Nowadays our children are in day care settings with many other little children. Little children are very curious. They touch everything and they also put many little things in their mouths. They seem to get upper respiratory infections quite often as a toddler.

I always thought the antibiotic was all we had to use to cure the infection, but it sounds like there are some other things I can do at home to also help.

Yes, you're absolutely correct. A parent has a very hard job. Here are some recommendations:

1. Don't put your child in bed with a bottle.
2. Stop the pacifier by age 1 and the bottle. Decrease their uses at 6 months and introduce the cup.
3. Wash your child's hands frequently.
4. Stop smoking.
5. Discourage thumb sucking with behavioral redirection techniques.

It's That Time of Year... for the "Stomach Flu"!!!!

Reprinted from Volume 4, Issue 2



Often called the "stomach flu," gastroenteritis is the inflammation of the stomach, small and large intestines. The primary symptoms include: watery diarrhea, vomiting, and may also include headache, fever, and abdominal cramps. One of many different viruses can cause this illness.

Symptoms begin 1 to 2 days following infection and may last for 1 to 10 days, depending on which virus of the many viruses is causing the illness. Drink plenty of liquids, such as Gatorade, Sports drinks or water, to prevent dehydration. Consider acetaminophen (generic Tylenol) for discomfort, unless you have liver disease; and an anti-diarrhea medication. But avoid these products if symptoms involve bloody diarrhea or a fever of 103 F or higher.

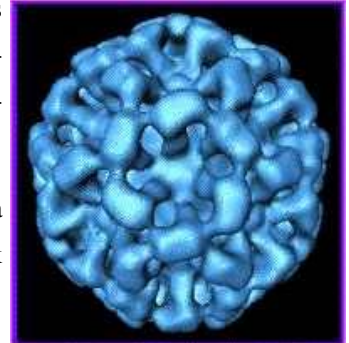
For most people, gastroenteritis is not a serious illness. However, gastroenteritis can be a serious illness for infants, young children, elderly and the disabled. These people are at greater risk of not being able to drink enough fluids to replace what they lose through vomiting and diarrhea.

Viral gastroenteritis is contagious and is spread easily through contact with infected persons. Individuals may also become infected by eating or drinking contaminated foods or beverages. Chances of getting infected can be reduced by frequent hand washing, prompt disinfecting of contaminated surfaces with household chlorine bleach-based cleaners, and prompt washing of soiled articles of clothing.

Viral gastroenteritis is not caused by bacteria (such as Salmonella or Escherichia coli), parasites (such as Giardia), or by medications, although the symptoms may be similar. Antibiotics, which have no effect on viruses, and other treatments, should be avoided unless specifically recommended by a physician.

Seek medical help for any of the following:

- *Symptoms persist more than 36 hours**
- *Diarrhea turns bloody**
- *Fever is 103 F or higher**
- *Lightheadedness or fainting occurs with standing**
- *Confusion develops**



Norwalk virus (NV) is a major cause of epidemic acute and mild gastroenteritis, or diarrhea, in older children and adults. In 1972, NV was first seen using Immuno-EM. The first 3-dimensional reconstruction of NV capsid was accomplished in 1994, using cryo-EM techniques, at 22 angstroms resolution.

Don't Get S.A.D.

Many people start to feel depressed in December and continue to feel as dark and dreary as the weather, until the spring thaw. Scientists call this form of depression "Seasonal Affective Disorder." Since light and temperature play a significant role, stay outside as much as possible, keep the drapes in your home open, and keep bright lights on.



Kimbrough Ambulatory Care Center February & March Health Promotion Classes



TOBACCO CESSATION *

FEBRUARY 3, 10, 17, & 24 from 12 PM to 1 PM

MARCH 3, 10, 17, & 24 from 12 PM to 1 PM

CHILDBIRTH CLASS **

MARCH 4 & 11 from 8 AM to 12 PM

10,000 STEPS PROGRAM **

FEBRUARY 15 & MARCH 15

BY APPOINTMENT ONLY

OTC CARD RENEWAL **

To renew your OTC Card call for a 15 minutes briefing

BY APPOINTMENT ONLY

YOUR PRESCRIPTION TO GOOD HEALTH OTC/CARD

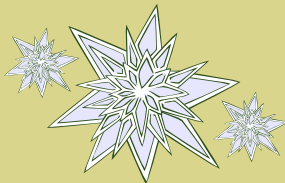
FEBRUARY 3 or 17 from 9:30 AM to 11:30 AM

MARCH 3 or 17 from 9:30 AM to 11:30 AM

***OPEN TO ACTIVE DUTY, THEIR
BENEFICIARIES, RETIREES, & DOD
EMPLOYEES**

**** ONLY OPEN TO ACTIVE DUTY,
THEIR HEALTH CARE BENEFICI-
ARIES & RETIREES**

*For registration call
Community Health Nursing at (310) 677-/8435*



TOBACCO CESSATION PROGRAM

*Designed to empower all that desire to break
their addiction to tobacco products – For Life!*

CHILDBIRTH CLASS

*Assists the mother-to-be and her coach in un-
derstanding the physical and emotional
changes that occur during pregnancy/labor and
facilitates the transition to parenthood.*

10,000 STEPS PROGRAM

*Courtesy of Health e Forces from Walter Reed,
CHN is proud to bring you a 6-month walking
program complete with pedometer for
measuring steps and mileage. Designed for
those individuals with cardiac risk factors.
Blood pressure and weight measurements will
be taken at intervals.*

“YOUR PRESCRIPTION FOR GOOD HEALTH/OTC CARD”

*Briefing will address health topics, lifestyle
changes and preventive services. ENROLLEE to
TRICARE PRIME REGION 1. The Medicine
Cabinet/OTC Card is available to TRICARE
PRIME, KIMBROUGH Enrollees. The class
will provide recommendations for proper use of
OTC medications and conclude with the issuing
of a FREE OTC Medical Card for use at the
Kimbrough Ambulatory Care Center.*

- * *For registration call, Community Health
Nursing at (301) 677- 8421/8434*
- * *Classes are held in Kimbrough Ambulatory
Care Center*
- * *Providers may refer clients using SF 513
Consultation Sheets*
- * *Insufficient registrations will force
cancellation of classes*